



**Volunteer Surveillance Team Program Applicant:**

Thank you for the interest in making your community a safer place to live and work. Applicants must complete all parts of this form and return it to the Volunteer Coordinator in order to be considered for the program.

Please complete ALL sections below in their entirety.

This information is confidential.

FORM 580 ■ EFC Revised 1/85	CINCINNATI POLICE DIVISION PERSONAL INFORMATION RELEASE FORM
PLEASE PRINT ALL INFORMATION (EXCEPT YOUR SIGNATURE):	
FULL NAME: _____ (First) (Middle) (Last) (Maiden)	
SEX: _____ M _____ F	RACE: _____ SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
ADDRESS: _____	
I hereby authorize the Cincinnati Police Division to release any information regarding my traffic or criminal convictions that are on file with the Cincinnati Police Records Unit. I hereby release the Cincinnati Police Division (the custodian of such records) and any other governmental agency, including their officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. The authorization is void if not exercised within one (1) year from the date of signing. Should there be any question as to the validity of this release, you may contact me as indicated below:	
X _____ (Signature)	_____ (Date Signed)
_____ (Signature of Parent/Guardian, if required)	_____ (Date Signed)
Telephone Numbers: _____ (8:00 A.M. to 5:00 P.M.)	_____ (Other Times)

RETURN THE FULLY COMPLETED APPLICATION TO:

CINCINNATI POLICE DEPARTMENT  
CITIZENS ON PATROL PROGRAM COORDINATOR  
310 EZZARD CHARLES DRIVE  
CINCINNATI, OHIO 45214-2805

# CINCINNATI POLICE DEPARTMENT

## VOLUNTEER SURVEILLANCE TEAM PROGRAM APPLICATION FORM

PLEASE PRINT OR TYPE CLEARLY

**APPLICATION MUST BE FULLY COMPLETED TO PARTICIPATE IN PROGRAM**

<b>NAME*[FIRST, MI, LAST]:</b>			
<b>CURRENT ADDRESS*:</b>			<b>ZIP CODE*:</b>
PREVIOUS ADDRESS:			
<b>SEX*:</b>	<b>RACE*:</b>	<b>DATE OF BIRTH*:</b>	
<b>HOME PHONE*:</b>	CELL PHONE / PAGER:		WORK PHONE:
<b>SOCIAL SECURITY # *:</b>		DRIVERS LICENCE #:	STATE ISSUED:
EMAIL ADDRESS: @		<b>V.S.T.</b>	
EMPLOYER:			
EMPLOYERS ADDRESS:			
SUPERVISOR:		PHONE :	

**\* APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.**

If you have ever been convicted of any crime please attach a brief letter explaining the circumstances.

I understand that as a requirement for application to become a member of the Cincinnati Police Department's Volunteer Surveillance Team Program, I must truthfully have completed this application form. In addition, I must sign the Cincinnati Police Department Personal Information Release Form authorizing the release of my traffic/criminal convictions. Failure to complete either will result in my removal as a candidate for the Volunteer Surveillance Team Program.

**X**

**Applicant's Signature**

**Date Signed**

**BELOW FOR OFFICE USE ONLY**

RCIC DATE	VERIFIED BY	LETTER SENT
CLASS ASSIGNED	ATTENDED	